

State of Illinois  
Department of Children and Family Services

**ENFORCEMENT PACKET**

**Enforcement Action Recommended:** ☐ Revocation of License  
☐ Refusal to Renew License  
☐ Refusal to Issue Full/Provisional License

**Was an Administrative Order of Closure Issued?** ☐ Yes, Date: \_\_\_\_\_

**Dual Licensed?** ☐ Yes

PART ONE: LICENSE INFORMATION		
<b>Facility Type:</b>	<b>Provider ID #:</b>	<b>Date first licensed:</b>
<b>Licensee's Name:</b>	<b>Current License Begin Date:</b>	<b>Current License End Date:</b>
<b>Facility Name / Address:</b>	<b>Any previous licenses for this licensee revoked?</b>	
	<input type="checkbox"/> Yes -- Date: _____	
<b>Facility Phone Number:</b>	<input type="checkbox"/> No	
	<b>Monitoring Visit Information:</b>	
<b>Name of Director</b>	How many monitoring visits were conducted In past 12 months?	
<b>Name of Chairman of Governing Body (if applicable)</b>	List dates and types of the 2 most recent monitoring visits:	
	1.  2.	
PART TWO: PROBLEM STATEMENT		
List every substantiated violation being used to justify the recommended enforcement action. If a previous license was revoked, indicate here and list the substantiated violations used to justify that revocation as well.		
<b>Violations (complete citation)</b>	<b>Attempts to Secure Compliance</b>	

**PART THREE: WITNESS LIST**

Name / Address	Phone number	Relationship to facility	Information witness can provide

**PART FOUR: ATTACHMENTS**

Attached	N/A	Indicate whether the items below are attached or not applicable (N/A). <u>Provide copies.</u> DO NOT SEND ORIGINALS AT THIS TIME.
		Chronology
		Informal Review Findings and Decision (if more than one Informal Review has been conducted, attach reports from all relevant Informal Reviews)
		Supervisory Review Report and Findings (if more than one Supervisory Review has been conducted, attach reports from all relevant Supervisory Reviews)
		Corrective Plan (if more than one Corrective Plan has been implemented, attach all relevant corrective plans)
		ILS (most recent)
		License Application (most recent)
		Licensing Study (most recent)
		Complaint investigation files for every complaint investigation of the facility relevant to the current enforcement action
		Correspondence, including but not limited to: <ul style="list-style-type: none"><li>• letters to / from licensee regarding violations, attempts to secure compliance, etc.</li><li>• return receipts for certified mail</li><li>• letters to / from attorneys</li></ul>
		Other (specify):

**PART FIVE: AGENCY INFORMATION**

<b>Name / Address of Supervising Agency:</b>	
<b>Licensing Representative's Name:</b>	<b>Phone Number:</b>
<b>Licensing Supervisor's Name:</b>	<b>Phone Number:</b>

**PART SIX: CERTIFICATION**

**I hereby certify that the information provided above and all attachments submitted with this Licensing Enforcement Packet are complete and accurate.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Licensing Representative

**I have reviewed the Licensing Enforcement Packet.**

☐ **Approved**

☐ **Disapproved**

Date: \_\_\_\_\_

\_\_\_\_\_  
Licensing Supervisor

**I have reviewed the Licensing Enforcement Packet  
(if prepared by a private agency)**

☐ **Approved**

☐ **Disapproved**

Date: \_\_\_\_\_

\_\_\_\_\_  
DCFS Agency/Institutions Licensing Supervisor